

TESTIMONY

Re: House Bill 6645 to Legalize Physician-Assisted Suicide

Susan Stocker Giles, MD, FACP, FACR or

David L. Giles, MD, FACS

860-521-5600

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This legislation undermines the ethical foundations of our profession and has many unintended consequences. Regardless of our specialties, we physicians have vowed to "first do no harm." We are simply not in the business of killing our patients. Were we to assist in doing so---even in the rarest or most dire of circumstances--we would undermine the concept of trust, which is fundamental to the doctor-patient relationship. Our patients would be forced to forever question our motives.

There are other reasons NOT to legalize physician-assisted suicide. Allow me to enumerate them briefly. It may provide a financial incentive to third party payers for premature deaths. It may subtly invite pressure and coercion, transforming the "right to die" into the "duty to die." It may increase the vulnerability of socially marginalized groups. It isn't really needed as it is ethically acceptable to refuse or discontinue futile treatment artificially prolonging life. Saying NO to physician assisted suicide is NOT about removing a patient's right to die, but rather about removing a doctor's right to kill.

This bill being presented in CT is less restrictive than laws in Oregon and Washington in that it does not require a second opinion regarding the underlying diagnosis and prognosis (while physicians are reasonably accurate in predicting imminent death, they are not so adept at predicting death 6 months ahead of time). This bill does not require a professional mental health evaluation to rule out depression or psychosis, nor does it require notification of next of kin. Even a waiting period is not required from the time of request to the dispensing to the actual use of meds. With this bill it is conceivable that an impulsive 19 year old boy diagnosed with an aggressive malignancy could walk into a physician's office and come out with a script for meds to end his life with no time to reconsider his decision. Or, a guilt-ridden 86 year old widow with ALS with needy dependents could feel it was her duty to end her life and seek out a life-ending prescription alone. You, too, can envision all sorts of disastrous scenarios involving marginalized, institutionalized and cognitively impaired patients (not to mention devious greedy heirs). This bill would open up a Pandora's box of potential abuses.

It is interesting to note that uncontrollable pain is NOT the biggest concern of patients who participate in physician-assisted suicide. According to the Oregon Public Health Division it was a motivating factor BEHIND concerns over loss of autonomy, decreasing ability to participate in enjoyable activities, and loss of dignity.

I also find it disturbing that this bill allows the physician signing the death certificate to write the cause of death as the underlying terminal illness without mention of the suicide. My reading would suggest that Oregon requires little documentation for physician-assisted suicide, and that their Public Health Division destroys source documentation after a year. These details do not engender transparency and truth-telling.

There is no question that the introduction of this bill is a wake-up call for us all--physicians and policy makers alike --to IMPROVE palliative care (and funding for such) for terminally ill patients so that they may experience their lives' end with dignity, compassion, autonomy, adequate pain control and without undue prolongation. Please join us in voting NO to HB-6645, and YES to life with integrity for physicians, and life with dignity for our patients.